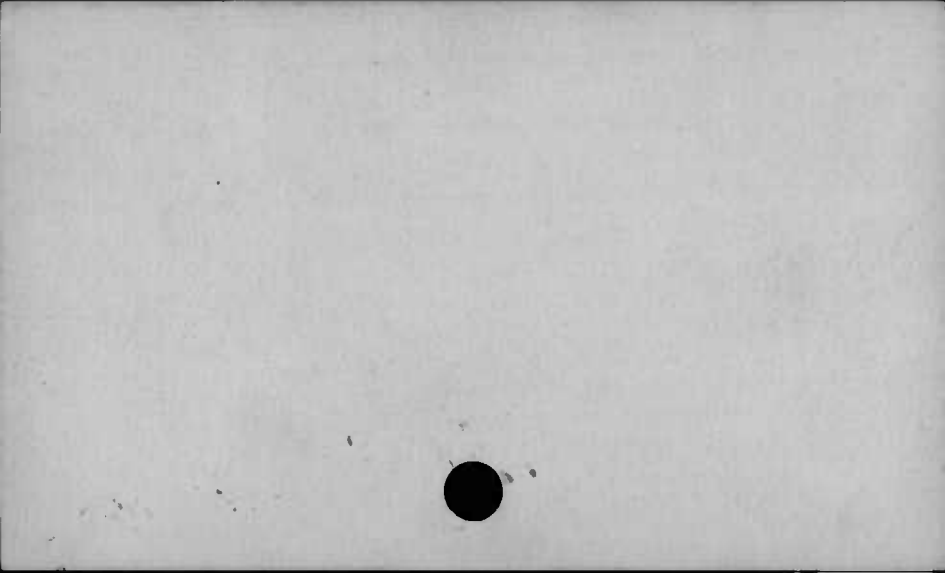


Preston Ackers & dist
 Town *Elk Neck* County *Cecil* MARYLAND
 Died at *Elk Neck*
 Date 19 *42* Month *31* Day *May* Y. *40* M. *40* D. *40* Native of *Md* Occupation *Farmer*
 Male *White* ~~Married~~ *Single* ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Black~~ *Single* ~~Widower~~ Number of children living *0*

Husband of _____
 Wife _____
 Father's Name *Thomas Ackers* Mother's *Louira Ackers*
 Name *Thomas Ackers* Maiden Name *Louisa Preston*
 Cause of Death { Primary *Accident* How long sick *3 days*
 Immediate *Pneumonia* *166* Accident, Suicide, Homicide, _____

Reported by *Geo A Worrell*
 Address *North East Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edna *Alexander*
 Town *6th* County

Died *at* *Near Principio Cecil* MARYLAND
 Month *5* Day *13* Y. *6* M. *6* D. *Ind* Native of Occupation

Date 19 *02* *5* *13* Age *1* *6* *Ind*
~~White~~ ~~Married~~ ~~Widow~~ ~~Single~~
 Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of
 Wife

Father's Name *James H. Alexander* Mother's Name *Annie Williams*
 Maiden Name

Cause of Primary *Pneumonia* How long sick *4 days*
 Death Immediate *Inanition* *93* Accident, Suicide, Homicide

Reported by *H. E. Brown, M.D.*
 Address *Principio Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Frank B Boulden

Died at *Chesapeake City Cecil* MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	5	14	Age	56	8	-	<i>Merchant</i>

Male ☐ White ☐ Married ☐ Widow ☒ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Number of children living *One*

Husband of *Carrie Boulden*

Wife

Father's Name *Levin Boulden* Mother's Maiden Name *Elizabeth Beunest*

Cause of Death	Primary	Immediate	How long sick
	<i>Osteomyelitis</i>	<i>Typhoid Complication</i>	<i>6 weeks</i>

Accident ☒ Suicide ☐ Homicide ☐

Reported by *Wm C Kasper M.D.*

Address *Chesapeake City Cecil Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1811/5

Sylvester R. Bowlsby

Town

County

Died at

Zion

Month

Day

Y.

M.

D.

Native of

Occupation

Cecil (9th St)

MARYLAND

Date 19

02

5 17

Age

3

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Md

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

John S. Bowlsby

Estella R. Roberts

Cause of

Primary

Whooping cough

How long sick

8 weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Chas. H. Miller, M.D.

Address

Zion, Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

4
 Louis Briston

Town

County

Died at Chesapeake City Cecil

MARYLAND

Date 1902 5 3 3 6 8 12 Mar. —

Male

White

Married

Widow

Divorced

FemaleColored

Single

X WidowerX Number of children living

Husband
 of X

Wife

Father's Name Sam P. Briston Mother's Maiden Name Anna H. Jones

Cause of Death { Primary Acute Cerebral Meningitis How long sick 2 + hours
 Immediate Convulsions Accident, Suicide, Homicide

Reported by W. C. Karsner M.D.

Address Chesapeake City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cannon

MARYLAND

Died at Elkton ^{Town} Cecil ^{County}

Date 19 2 ^{Month} 5 ^{Day} 21 Age 2 hours ^{Y.} 2 ^{M.} hours ^{D.} hours Native of — Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~ —

~~Female~~ Colored ~~Single~~ Widower ~~Number of children living~~ —

Husband of —

Wife

Father's Name H. T. Cannon Mother's Name Emma McEran

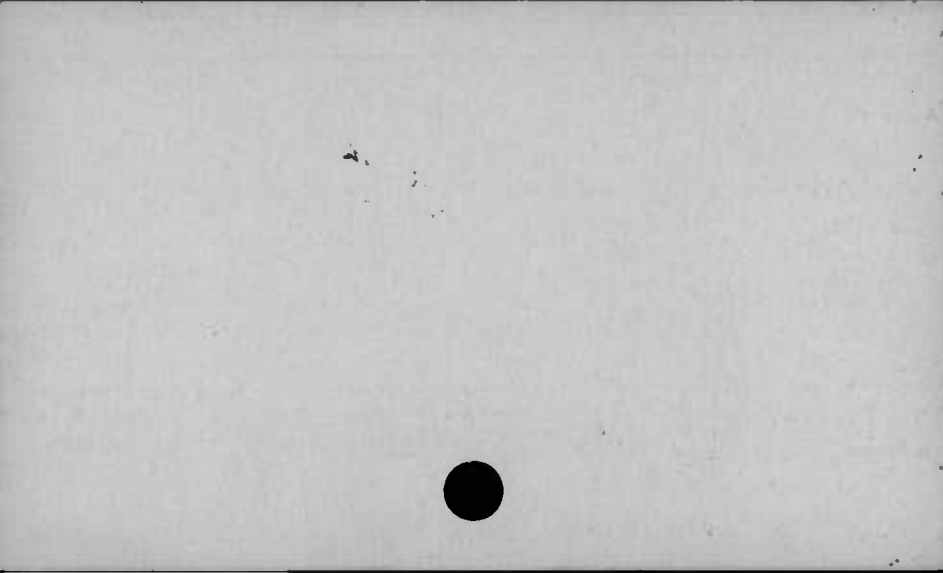
Cause of Death { Primary Immediate Premature 151 How long sick —

Accident, Suicide, Homicide

Reported by H. Arthur Mitchell M.D.

Address Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name In Full *Rev. Henry E. Rev. Chamberlain*
 Town *Porter* County *Smith*
 Died at *Porter* MARYLAND
 Date 19*02* Month *July* Day *30* Y. *30* M. *30* D. *30* Native of *Ind* Occupation *Housewife*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widowed ☐ Number of children living *1*
 Husband of *Emmy Rev. Chamberlain*
 Wife *Emmy Rev. Chamberlain*
 Father's Name *Emy Perry* Mother's Maiden Name *Elizabeth Taylor*
 Cause of Death { Primary *Heart Disease* How long sick *None*
 Immediate *Heart Disease of Heart* Accident, Suicide, Homicide ☐
 Reported by *H. E. Chamberlain*
 Address *Porter Smith* *Wm. Smith*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

169

Died at Port Deposit Town - County Chile 7th Dist MARYLAND

Date 1902 Aug 26 Month Day Y. M. D. Native of Ind Occupation Cook
 Male White Married Single Widow Widow Divorced Number of children living 3
 Female Colored

Husband of Ernie Coleman 199
 Wife Ernie Coleman
 Father's Name Ernie Coleman Mother's Name Ernie Coleman
 Maiden Name Ernie Coleman

Cause of Death { Primary Intestinal Infection How long sick 6 weeks
 Immediate Euphemistic Accident, Suicide, Homicide

Reported by J. E. Coleman
 Address Port Deposit Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francis G Cook

Town

County

Died at

Greenhurst

Cecil

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 9

Age

- 15 -

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

F A Cook

Mother's

Maiden Name

Katie Gifford

Cause of

Primary

Acute Indigestion

How long sick

24 Hours

Death

Immediate

Hyperemia of Brain

Accident, Suicide, Homicide

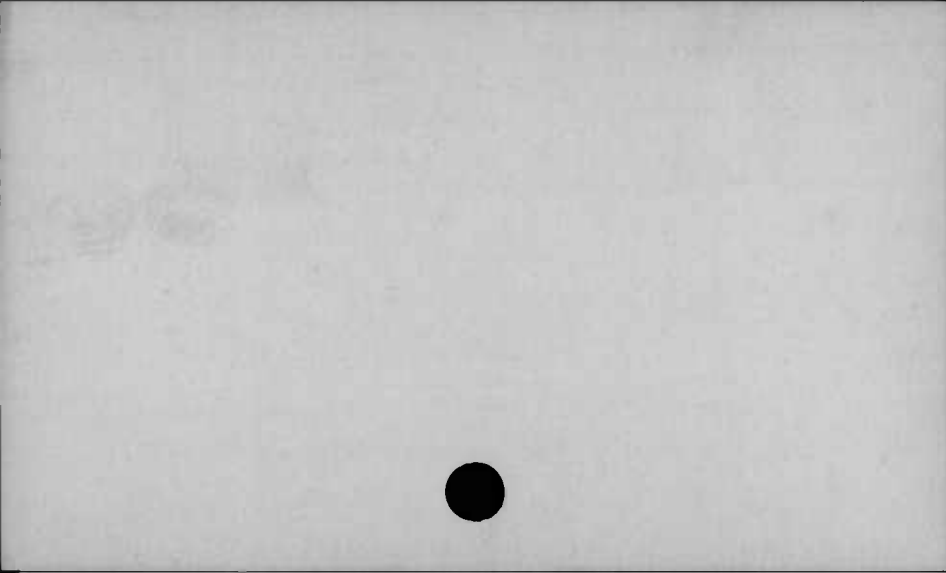
Reported by

Geo. O. Dress M D

Address

Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full **Capt. James L. Earnes**
 Died at **Libera** ^{Town} **Cecil** ^{County} **6th Dist** **MARYLAND**
 Date 19**02** **5** ^{Month} **2** ^{Day} Age **63** ^{Y.} ^{M.} ^{D.} Native of **Virginia** Occupation **Lif Ins Agent**
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widower ☐ Divorced ☐ Number of children living **3**
 Husband of **Georgie Earnes** 79
 Wife **John Earnes** Mother's Name **79**
 Cause of Death { Primary **Organic Heart Disease** Immediate **Exhaustion** How long sick **3 yrs**
 Accident, Suicide, Homicide ☐
 Reported by **Dr Geo S. Daze**
 Address **Rising Sun Md**
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant - No Name

6th Dist

168

MARYLAND

Died at Near Coloma

County Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 15

Age 2 hours

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

S D Fryer

Mother's

Maiden Name

Bell Lovett

Cause of

Primary

How long sick

Death

Immediate

Heart failure 79

Accident, Suicide, Homicide

Reported by

Address

A A Cuthers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

7-6-6

Clyde T. Ferguson

Town

County

7th Dist
MARYLAND

Died at

Rowlandville

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 12

Age

15 mo.

Cecil Co

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

James Ferguson

Wife

Father's

Name

Mother's

Maiden Name

James Ferguson

Ada Hall

Cause of

Primary

Post mortem (Abscess of Brain)

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. Roman & Rowland

Address

Liberty Grove

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Omme J. H. Humes 5th dist

Died at *Edinburg* Town *Cecil* County MARYLAND

Date 1902 *7 May 20* Month Day Y. M. D. Age *60* Native of *Cecil* Occupation *Housewife*
~~Male~~ *White* ~~Married~~ *Widow* ~~Single~~ *Widow* ~~Number of children living~~ *2*

~~Husband~~ of *Johna H. Groves*
Wife
Father's Name *Mon? Moultrie* Mother's Maiden Name

Cause of Death { Primary *Consumption* Immediate
How long sick *1 year*
~~Accident, Suicide, Homicide~~

Reported by *B. H. Humes*
Address *H. H. Humes* 6th District

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Certificate of

Johnathan Groves

Reported by *J. H. ...*
Address *No. 5 ... district*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

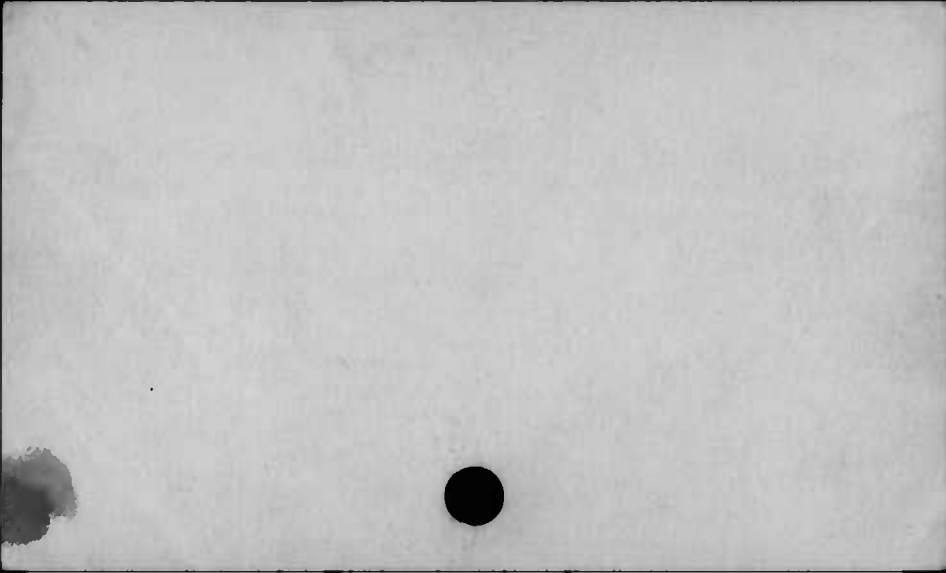
Age

~~Widow~~~~Divorced~~~~Widower~~~~Number of children living~~Mother's
Maiden Name

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79293



Name in Full

Certificate of Death

Algon Johnson
 Town County
 Died at Patuxent
 Month Day Y. M. D. Native of Annapolis
 Occupation MARYLAND
 Date 1912 May 26 Age 33
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Irving Johnson Mother's Maiden Name Julia Johnson

Cause of Death { Primary Consumption
 Immediate Exhaustion
 How long sick 6 weeks
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Widower

Number of children living

MARYLAND

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79802



Name in Full

Certificate of Death

Margaret Lynn
 Town Lombard County Cecil (9th Dist)
 Died at MARYLAND
 Date 1902 5 19 Age 36 Y. M. D. Native of Penn. Occupation Weaver
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife
 Father's Name John Lynn Mother's Name Jane Smith
 Cause of Death Primary Heart Disease How long sick Two years
 Death Immediate do Accident, Suicide, Homicide

Reported by L. A. K. Anderson MD
 Address Colonel M. F.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



McDaniel

MARYLAND

Died at Elkton Town Cecil County

Month 5 Day 22 Y. — M. — D. 1 Native of — Occupation —

Date 1902 Age —

Male — White — Married — Widowed — Divorced —

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of —

Wife —

Father's Name — Mother's Maiden Name Agnes McDaniel

-151

Cause of Death { Primary Premature Immediate Premature

How long sick —

Accident, Suicide, Homicide —

Reported by Dr. Arthur Mitchell M.D.

Address Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jacob McKenney 5th distDied at Principio - Town Cecil 5th dist - County MARYLAND

Date 1902 Month 5 - Day 11 Y. - M. - D. - 2 - 5 - 5 Native of Md. Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name John K. McKenney Mother's Name Sarah E. Smith

Cause of Death { Primary Pneumonia - How long sick One week
Immediate Progressive Cardiac Asthenia

Reported by

Address

L. G. Taylor, M.D.
(on visit only to death having followed another physician) Perryville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Robert H. Mc Kinscy

Town

County

MARYLAND

Died at

Chesapeake City

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

5

13

Age

53

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

do not know do not know

Cause of

Primery

How long sick

Death

Immediate

Heart trouble 79

Accident, Suicide, Homicide

Reported by

W. H. Paternan

Address

Chesapeake City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

March 5/15

Grafton R Meredith

Town

County

Died at

near Port-Deposit

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 12

Age

24 - -

Maryland

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Jacob Meredith

Mother's

Maiden Name

Florence Brown

Cause of

Primary

Influenza, pneumonia

How long sick

10 days

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

S. G. Fisher

Address

Port-Deposit, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cathron murser

Town

County

2 dist

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

5 11

Age

12 4

md

~~Male~~WhiteMarried~~Widow~~~~Divorced~~

Female

Colored

Single

WidowerNumber of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

5713, Concord

Name In Full

Certificate of Death

Enoch Boyer

Town

County

Died at

Pat. Serpuit

Anch

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Aug 27

Age

37

Sol

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

or

Wife

Father's

Name

Enoch Boyer

Mother's

Maiden Name

Lena Boyer

Cause of

Primary

Sepsis 120

How long sick

24 hrs

Death

Immediate

Anemia

~~Accident, Suicide, Homicide~~

Reported by

J. E. Chumney

Address

Pat. Serpuit

Anch

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Geo Park

Town

County

Died. near Accellin

Accell

MARYLAND

Date 1902	Month 5	Day 29	Age	Y. M. D.	Native of State	Occupation Housewife
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower		Number of children living	Five

Husband of George Park

Father's Name

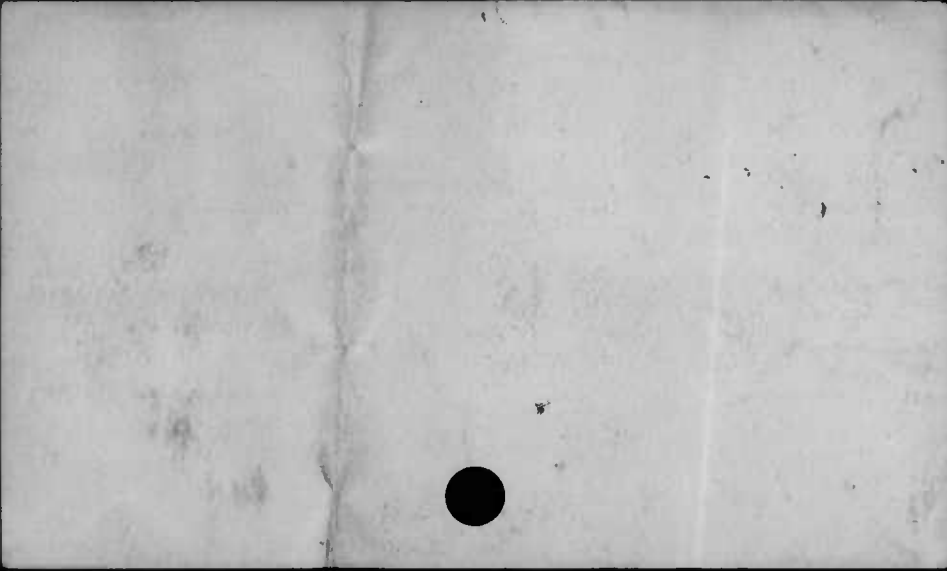
Mother's Maiden Name

Cause of Death	Primary	Epilepsy	How long sick	18 Hours
	Immediate	Rupture Blood vessel in brain	Accident, Suicide, Homicide	

Reported by Dr E. N. Crawford

Address 8 Accellin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Reed Fifth Dist

Town

County

Died at

Ray View

Cecil

MARYLAND

Date 1902

Month 5 Day 28

Age

72 11 27

Native of

Occupation

Maryland Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Six

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Margaret M. Thompson
 Mary Reed

Cause of

Primary

Valvular dis. of Heart

How long sick

Two Yrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

Chas A Morralle 79
 North East Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79864



Name In Full

Certificate of Death

Sidney Sanders
 Town County

Died at

Pennington
 Month Day Y. M. D.

MARYLAND

Date 19

02 May 10

Age

35 ?

Native of

N. Va.

Occupation

Hostler

Male

~~White~~

Married

~~Widow~~

~~Divorced~~

Female

Colored

Single

?

~~Widower~~

~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Killed by train on

Death

Immediate

P.M. & B. R.R.

How long sick

Accident, Suicide, Homicide

Reported by

Ricketts Nelson, Coroner,

Address

Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79298



Name in Full

Certificate of Death

Henry F. Scott
 near Elston Town Cecil Co. MARYLAND
 Died at

Date 1902 May 10 Y. M. D. Age 29 yrs. Native of Maryland Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Father's Name David Scott Mother's Name Annie E. Scott (Craig)
 Maiden Name

Cause of Death { Primary Immediate Killed by car 166 How long sick (Craig)
 Accident, Suicide, Homicide

Reported by Wm D. Cawley M.D.
 Address Elston Cecil Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809



Name in Full *Leannah South*
 Town *Blake* County *Cecil* (4th Dist) MARYLAND
 Died at *Blake*
 Date 19*02* Month *5* Day *17* Age *73* Y. *Widow* M. *Widow* D. *Widow*
 Male *White* Married *Widow* Divorced *Widow*
 Female *Colored* Single *Widow* Number of children living *2*
 Husband of *Baldwin South*
 Wife *Baldwin South*
 Father's Name *Not Known* Mother's Name *Not Known*
 Cause of Death { Primary *Puri Encephalitis* Immediate *Paralysis* How long sick *18 months*
Accident, Suicide, Homicide
 Reported by *D. Z. Gifford MD 94*
 Address *Queen Md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

No Name — Thomas

167

8th Dist

Died at

Town

County

Cecil

MARYLAND

Date 19 0 2

Month

Day

Y.

M.

D.

Native of

Occupation

Age

7

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Wm Thomas

Mother's

Maiden Name

Mary Fisher

Cause of

Primary

Tuberculin Meningitis

How long sick

Death

Immediate

E. K. A. H. A. H.

Accident, Suicide, Homicide

Reported by

28

John H. Jones M.D.
R. S. M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Travers

Travers -

Town

County

Ellettsville

Cecil

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5

25

Age

65?

unknown

Coburn

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living 4-

Husband

of

Wife

Martha Travers

Father's

Name

unknown

Mother's

Maiden Name

unknown

Cause of

Primary

Death

Immediate

Apoplexy -

Cerebral

How long sick

few hours

Accident, Suicide, Homicide

Reported by

J. H. Travers

Address

Ellettsville

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

D. V. B. 2011

8/18/11

Name in Full

Certificate of Death

Lillie Tynah
 Town County

Died at *New Cecilton**Cecile*

MARYLAND

Date 1907

Month Day

May 10

Age

Y. M. D.

- 1 -

Native of

md

Occupation

~~Male~~~~Wife~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Mother's

Maiden Name

*James Tynah**Lucie Sewall*

Cause of

Primary

Whooping Cough

How long sick

2 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

R M Black

Address

Cecilton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Theo J Tanneman

Town

County

Died at

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

May 7

Age

70

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5-

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Margaret Tanneman

John P Tanneman

Margaret Canon

Cause of

Primary

Enteritis

How long sick

3 days

Death

Immediate

Ephraim

106

Accident, Suicide, Homicide

Reported by

Dr. H. P. Pugh

Address

Port Deposit, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alvia Whirlow fifth district

Town

County

Died at

Theodore

Cecil

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5 27

Age 17 7 25

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Jos Whirlow Ruth Shephard

Cause of

Primary

Consumption

How long sick

4 months

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

Stle Brown M.D.

Address

Principio Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

